MISSISSINEWA COMMUNITY SCHOOLS

HEALTH SERVICES

Northview Elementary ~ Ph: (765) 677-4400 Fax: (765) 677-4733 RJ Baskett Middle School ~ Ph: (765) 674-8536 Fax: (765) 677-4452
Westview Elementary ~ Ph:(765) 677-4437 Fax: (765) 677-4449 Mississinewa High School ~ Ph: (765) 674-2248 Fax: (765) 677-4424

'CHIRP' RELEASE FORM

I, _____, give Mississinewa Community Schools permission to release the following information concerning my child _____ to
(parent/guardian name) (name of child)

the Indiana State Department of Health's ***Children and Hoosiers Immunization Registry Program (CHIRP)***.

The following information to be released: Name, immunization data and other information such as date of birth or other identifying information as applicable.

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules. I understand that my child's information will be available to the immunization data registry of another state, a healthcare provider or provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

_____ _____
Signature of Parent/Guardian **Date**

_____
Printed Name of Parent/Guardian

_____ _(_____)_____
Address **Telephone Number**

_____ _____
Child's Name **Date of birth**

_____ _____
School **Grade Level**